

Illinois State Police Application For Firearm Owner's Identification Card		Note: Any person who is prohibited from acquiring or possessing firearms or firearm ammunition by any Illinois State statute or by federal law is ineligible for a FOID card.	
Please Print or Type All Information			
Last Name		First	Middle Initial
Street Address		Apt	
City/Town		State	Zip Code
County		Previous and/or Maiden Name/s	
<div style="display: flex; justify-content: space-between;"> <div> Date of Birth Month Day Year </div> <div> Sex M F </div> <div> Race Black White Other </div> <div> Height Feet Inch </div> <div> Weight </div> <div> Hair Color BLACK BLONDE BROWN GREY RED SANDY WHITE OTHER </div> <div> Eye Color BLACK BLUE BROWN GREEN GREY HAZEL OTHER </div> </div>			
All Applicants Must Complete (circle which apply)			
1. Reason for application:			
New	Lost/Stolen	Renewal/Expired	Damaged/Destroyed
Address Change		Name Change	
FOR ANY QUESTION ANSWERED 'YES', PROVIDE DETAILS			
2. Have you ever been convicted of a felony?		Yes	No
3. In the past 5 years, have you been a patient in any medical facility or part of any medical facility used primarily for the care or treatment of persons for mental illness?		Yes	No
4. Are you addicted to narcotics?		Yes	No
5. Are you mentally retarded?		Yes	No
6. Are you an alien who is unlawfully present in the United States? INS Registration or Citizen# _____		Yes	No
7. Are you subject to an existing order of protection which prohibits you from possessing a firearm?		Yes	No
8. Within the past 5 years, have you been convicted of battery, assault, aggravated assault, violation of an order of protection, or a substantially similar offense in which a firearm was used or possessed?		Yes	No
9. Have you ever been convicted of domestic battery or substantially similar offense (misdemeanor or felony)?		Yes	No
MANDATORY NUMBERS: Driver's License # _____ or State ID Card# _____ Optional Numbers: Social Security #: _____ - _____ - _____ Daytime Phone: (_____) _____ e-mail address: _____			
Warning: Entering false information on an application for a Firearm Owner's Identification Card is punishable as a Class 2 felony in accordance with subsection (d-5) of Section 14 of the Firearm Owners Identification Card Act. My signature authorizes the Illinois State Police to verify answers given with the Department of Human Services and any medical facility used for the care or treatment of mental illness. I hereby solemnly swear (sincerely affirm) that the information contained herein is true to the best of my knowledge. My signature below authorizes the Illinois State Police to reduce the amount of my personal check if the amount submitted is not correct. I consent to the use of my digital driver's license or Illinois Identification photograph and signature for use on my FOID card.		<b style="font-size: 1.5em;">IF YOU ARE UNDER 21: You must complete both sides of form and obtain signature of a parent or legal guardian	
Applicant Signature _____		Date _____	

Instructions:

Photo Size 1" X 1 1/2"	<p>Submit a photograph (in size shown), taken within the past six months. Photographs must be clear, front view, full face, head and shoulders without sunglasses or hats. Print your name and birthdate on the reverse side of photo. Attach the photo with a staple on the edge or place face-down with scotch tape or other easily removable tape.</p> <p>Do not send cash, stamps, or copies of money orders. Remit exactly \$5.00 in check or money order payable to FOID. This fee is non-refundable.</p> <p>Please print or type all information and circle the appropriate choices for sex, race, hair and eye color, and "yes" or "no" responses.</p>
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Please ensure application is **FULLY** completed. Incomplete applications will be returned. The issuance of a FOID card will not relieve firearm requirements imposed by federal or local ordinance. Enclose the application along with a check or money order and photograph in an envelope with the proper postage and mail to:

Illinois State Police-FOID
Post Office Box 19233
Springfield, Illinois 62794-9233

All Applicants Under 21 Must Complete		
Have you been convicted of a misdemeanor other than a traffic violation?	Yes	No
Have you been adjudged delinquent?	Yes	No
Parent/Legal Guardian Information		
Last Name	First Name	Middle Initial
Relationship	Date of Birth	Sex
Legal guardian must submit a copy of legal guardianship court order. Parent or legal guardian must be 21 years of age and eligible to acquire or possess firearms or firearm ammunition.		
I hereby give my consent for this applicant to possess and acquire firearms and firearm ammunition. My signature authorizes the Illinois State Police to verify with the Department of Human Services and any medical facility used for the care or treatment of mental illness that I should not be prohibited from holding a Firearm Owner's Identification Card. I declare the above statements are true and accurate.		
Signature of Parent/Legal Guardian _____		

Phone 1-877-306-8101 TDD-1 (800) 255-3323 (For Hearing Impaired Only)
Internet Address <http://www.isp.state.il.us>
Office Hours: Monday thru Friday, 8:30 a.m. to 5:00 p.m.
Use area below to report name/address change only.

Firearm Owner's ID# _____	Date of Birth: _____ / _____ / _____
New Last Name: _____	First Name: _____ Mi: _____
Former/Maiden Name: _____	
New Street Address: _____	Apt: _____
City: _____	County: _____
State: _____	Zip: _____ Date Submitted: _____ / _____ / _____